



00862.002907

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
Shoshi KATAYAMA)	Examiner: P. Natividad
Application No.: 09/343,093)	Group Art Unit: 2877
Filed: June 30, 1999)	Confirmation No.: 7483
For: POSITION DETECTION)	
APPARATUS AND EXPOSURE)	
APPARATUS)	August 20, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Official Action dated May 20, 2003, please amend the above-identified application as follows:

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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Shoshi KATAYAMA

Application No.: 09/343,093

Filed: June 30, 1999

For: POSITION DETECTION
APPARATUS AND EXPOSURE
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Examiner: P. Natividad

Group Art Unit: 2877

Confirmation No.: 7483

August 20, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

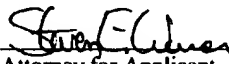
The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	24	MINUS	24	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	6	MINUS	6	= 0	x \$42 \$84	\$0.00
Fee for Multiple Dependent claims \$140-\$280						---
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

☐ *Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$_____ is enclosed including the additional claims fee.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 CFR 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a two month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Steven E. Warner
Registration No. 33,326

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